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CONFIRMATION NO. 1316

<b>SERIAL NUMBER</b> 10/822,231	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 067461-5100-US02
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/672,280 09/26/2003  
 which claims benefit of 60/477,839 06/12/2003  
 and claims benefit of 60/467,606 05/02/2003  
 and claims benefit of 60/414,433 09/27/2002  
 and claims benefit of 60/442,301 01/23/2003  
 and is a CIP of 10/379,392 03/03/2003 ABN  
 which claims benefit of 60/384,197 05/29/2002  
 and claims benefit of 60/360,843 03/01/2002

C.C.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

none C.C.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 06/24/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>ex</i> Examiner's Signature Initials				

**ADDRESS**

67374

**TITLE**

Optimized Fc variants

<b>FILING FEE RECEIVED</b> 2203	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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